

## **HB 458: Quarterly Tracking of Current and Former Montana Developmental Center Clients**

### **Background**

The 2017 Legislature passed House Bill 458, requiring the Department of Public Health and Human Services to monitor Montana Developmental Center Residents, including residents who have transitioned out of the facility as required under Senate Bill 411 of the 2015 Legislative Session. HB 458 states the department is to monitor clients who have discharged from the Montana Developmental Center into a community home per Montana Code Annotated (MCA) 53-20-302.

### **Monitoring**

Monitoring is being conducted quarterly as per House Bill 458. The first quarter of monitoring completed was the period of July 1, 2017 through September 30, 2017. The second quarter of monitoring completed was for the dates of October 1, 2017 through December 31, 2017. The third quarter of monitoring was for the dates of January 1, 2018 through March 31, 2018.

There are two tools being used to evaluate outcome measures:

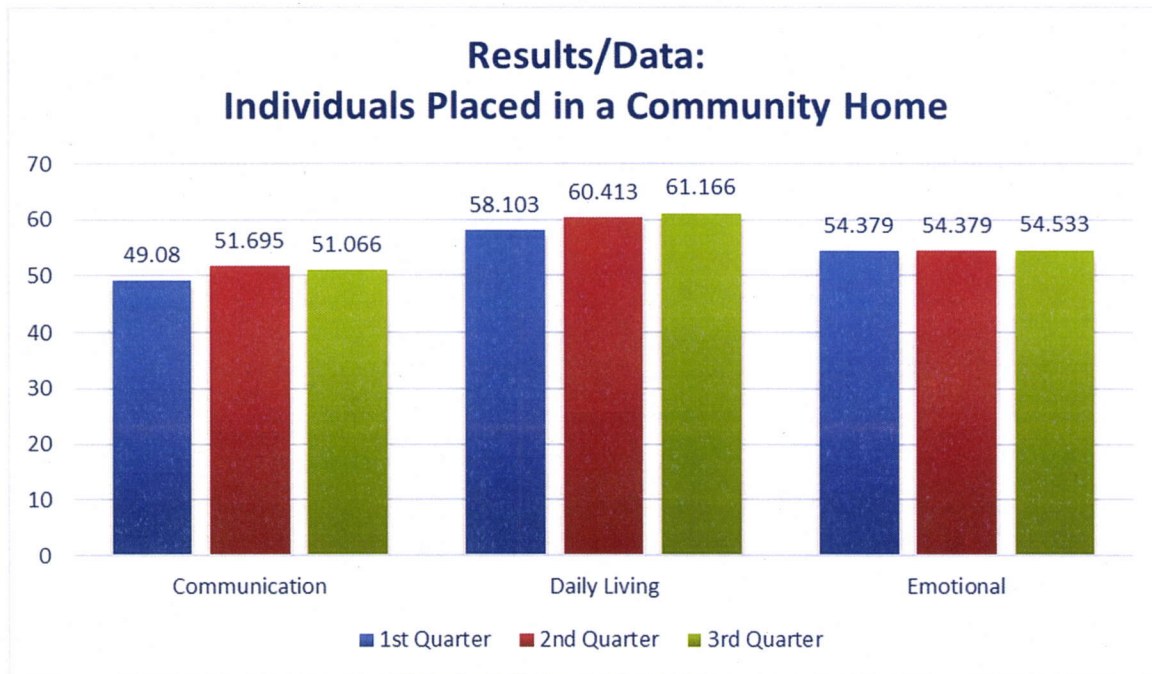
The *Vineland-II Adaptive Behavior Scales, Second Addition*, is used to ascertain whether an individual has improved, diminished, or has remained unchanged regarding verbal or nonverbal communication, activities of daily living, and emotional wellbeing. Additionally, it measures maladaptive behaviors in terms of internalizing and externalizing behaviors that may be rated as moderate or severe. The Vineland provides clear descriptions of a person's strengths and weaknesses in everyday life. It can be applied in a uniform manner and is an objective means of quantifying behaviors and adaptive skills. The development of the Vineland Adaptive Behavior Scales included item analyses to determine a wide array of age appropriate abilities. Standardization of the Vineland involved a nationally representative sample of 3,695 individuals. It has been found to be a reliable and valid tool in assessing adaptive functioning for both clinical and non-clinical populations. Vineland scores can provide a baseline of adaptive functioning and subsequent administrations of the assessment can monitor progress, or lack thereof, in certain areas in which skills may be acquired and maintained.

*Therap General Event Reports and Montana Developmental Center Investigation Data* as investigated by the Department of Justice have been used to ascertain events of physical aggression and sexually inappropriate behaviors. Therap is the online documentation, reporting, and communication software tool for providers working with individuals with developmental disabilities. Providers report incidents including physical aggression and sexually inappropriate behaviors through Therap's General Event Reporting system.

## **Results/ Data**

### **Individuals Placed in a Community Home as Defined by 53-20-302:**

There was a total of 29 individuals of which data was completed on in quarters 1 and 2. There was a total of 31 individuals for which data was completed on in quarter 3. The scores for communication, daily living, and emotional wellbeing are the average scores for all the individuals placed in a community home. The data for physical aggression and sexually inappropriate behavior are the total number of incidents from the time as explained earlier. The results are as follows:

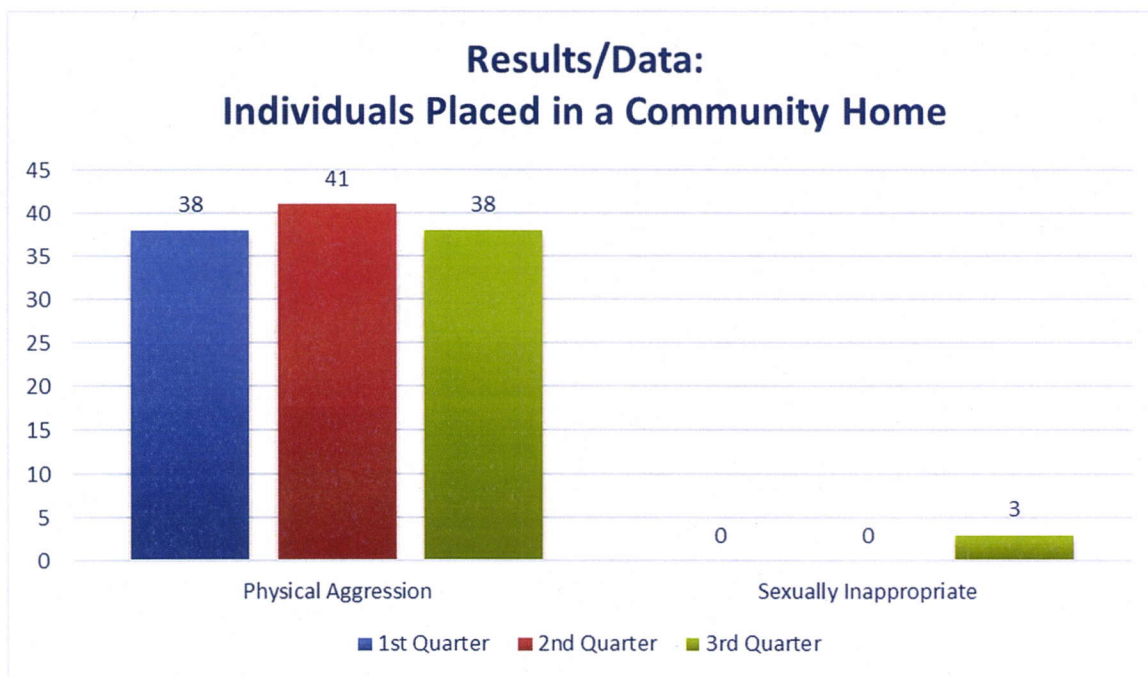


### **Information for Quarters 1 and 2:**

From the information gathered, there was a 2.897-point improvement in communication, a 2.31-point improvement in the daily living score, and emotional wellbeing did not see any change.

### **Information for Quarters 2 and 3:**

From the information gathered, there was a .629-point decrease in communication, a .753-point improvement in daily living, and a .154-point improvement in emotional wellbeing.



**Information for Quarters 1 and 2:**

From the information gathered, there were 3 more incidents of physical aggression in the second quarter and no change in incidents of 0 regarding inappropriate sexual behavior.

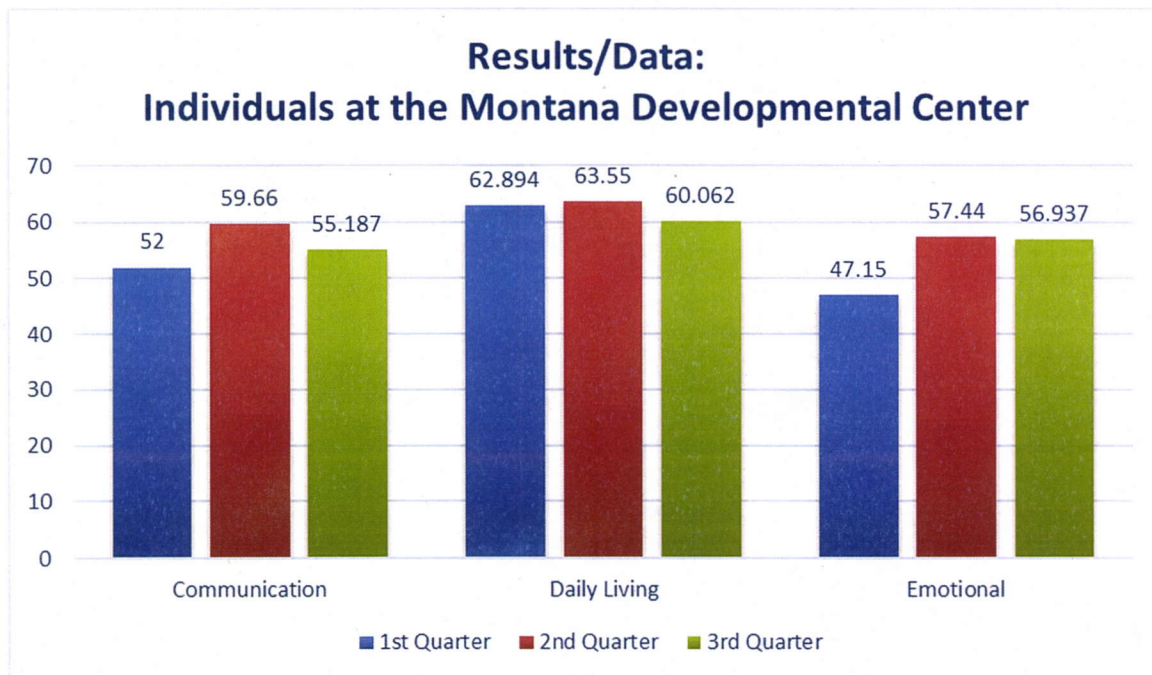
**Information for Quarters 2 and 3:**

From the information gathered, there were 2 less incidents of physical aggression in the third quarter and 3 more incidents of inappropriate sexual behavior.



### Individuals at the Montana Developmental Center:

For the first quarter in which data was collected, there was a total of 19 individuals in which data as collected. The second quarter comprised a total of 18 individuals in which data was collected. The third quarter comprised a total of 16 individuals. The scores for communication, daily living, and emotional wellbeing are the average scores for **all the individuals who were under a Montana Developmental Center Commitment or were at the Montana Developmental Center under a voluntary status awaiting community placement**. The data for physical aggression and sexually inappropriate behavior are the total number of incidents from the time as explained earlier. The results are as follows:



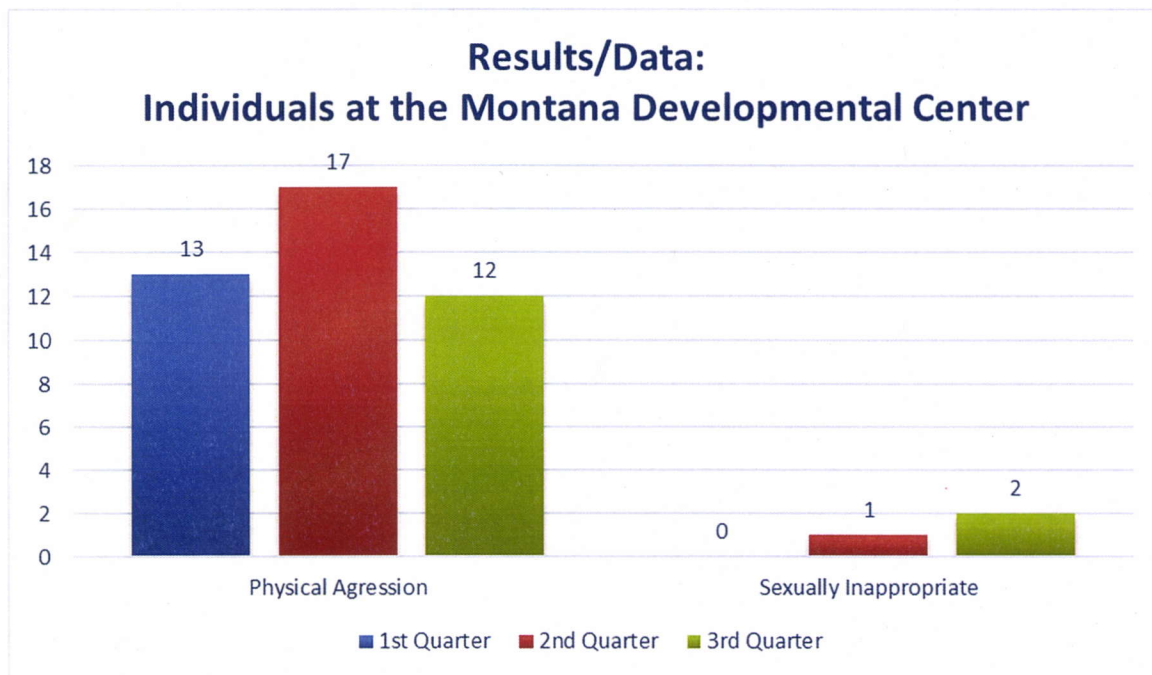
### Information for Quarters 1 and 2:

From the information gathered, there was a 7.66-point improvement in communication, a .66-point increase in daily living, and emotional well-being saw an improvement of 10.286 points.

### Information for Quarters 2 and 3:

From the information gathered, there was a 4.473-point decrease in communication, a 3.488 decrease in daily living, and a .503 decrease in emotional well-being.





**Information for Quarters 1 and 2:**

From the information gathered there were 4 more incidents of physical aggression in the second quarter and 1 more incident of sexually inappropriate behavior.

**Information for Quarters 3 and 4:**

From the information gathered, there was 5 less incidents of physical aggression in the 3<sup>rd</sup> quarter and 1 more incident of sexually inappropriate behavior.



## Survey Interview Form Report

### Examinee Information

**Name:** DOE, JOHN  
**ID Number:**  
**Birth Date:** 02/15/1981  
**Age:** 37:3  
**Sex:** Male  
**Race/Ethnicity:**  
**Highest Completed Grade:** 12  
**School/Facility:**  
**Site:**

### Test Information

**Form:** Survey Interview  
**Interview Date:** 06/01/2018  
**Examiner Name:** SAM MORGENROTH  
**Examiner ID:**  
**Respondent:** Smith, Fred  
**Relationship to Individual:** Other  
**Present Classification/Diagnosis:** Intellectual Disability  
**Reason for Assessment:**  
Quarterly Assessment  
**Other Information:**

### Intelligence Test Results

**Form:**  
**Test Date:**  
**Standard Score:**

**PEARSON**

The Vineland-II Adaptive Behavior Scales assess personal and social sufficiency of individuals from birth through adulthood based on the report of the individual's parent or caregiver. Results contained herein are confidential, and should only be viewed by those with proper authorization. This computer-generated report should not be the sole basis for making important decisions related to diagnosis, treatment, or qualification for program eligibility.

Scores and narrative text are based on normative data from the Vineland Adaptive Behavior Scales, Second Edition (Vineland-II).

# Vineland-II

## Survey Interview Form Report

DOE, JOHN

Age: 37:3

ID#:

Test Date: 06/01/2018

### Score Summary

Subdomain / Domain	Raw Score	v-Scale Score	Stand. Score	95% CI	%ile Rank	Adapt. Level	Age Eq.	Stanine	Score Minus Median	S/W
Receptive	30	4		± 3		Low	3:7		0.0	W
Expressive	63	1		± 2		Low	2:10		-3.0	
Written	19	4		± 2		Low	5:11		0.0	
<b>Communication</b>	Sum = 9**		21	± 12	<1	Low		1	0.0	
Personal	44	1		± 2		Low	3:2		0.0	
Domestic	7	1		± 2		Low	2:8		0.0	
Community	12	1		± 2		Low	3:2		0.0	
<b>Daily Living Skills</b>	Sum = 3**		21	± 9	<1	Low		1	0.0	
Interpers. Rels.	46	2		± 2		Low	3:7		-1.0	S
Play and Leisure Time	38	6		± 3		Low	4:7		3.0	
Coping Skills	13	3		± 2		Low	2:5		0.0	
<b>Socialization</b>	Sum = 11**		20	± 9	<1	Low		1	-1.0	
Gross Motor Skills (Est)	71	11		± 0		Mod. Low	3:9			
Fine Motor Skills (Est)	40	1		± 0		Low	3:7			
<b>Motor Skills (Est)</b>	Sum = 12**		42	± 0	<1	Low		1		
<b>Adapt. Behav. Comp.</b>	Sum = 62*		20	± 8	<1	Low		1		

	Raw Score	v-Scale	95% CI	Level
Internalizing	9	21	± 2	Clinically Significant
Externalizing	15	23	± 1	Clinically Significant
Other	10			
<b>Maladaptive Behavior Index</b>	34	24	± 2	Clinically Significant

\* Represents sum of domain standard scores

\*\* Represents sum of subdomain v-scale scores

\*\*\* Caution is required in interpreting this age equivalent



## Vineland-II Pairwise Comparisons

### Domain Comparisons

Domain Comparisons	Standard Score Difference	Significance Level	Frequency of Difference
Communication = Daily Living Skills	0		
Communication > Socialization	1		
Daily Living Skills > Socialization	1		
Communication < Motor Skills	21		
Socialization < Motor Skills	22		
Daily Living Skills < Motor Skills	21		

### Within-Domain Subdomain Comparisons

Subdomain Comparisons	v-Scale Score Difference	Significance Level	Frequency of Difference
<b>Communication</b>			
Receptive > Expressive	3		
Receptive = Written	0		
Expressive < Written	3		
<b>Daily Living Skills</b>			
Personal = Domestic	0		
Personal = Community	0		
Domestic = Community	0		
<b>Socialization</b>			
Interpersonal Relationships < Play and Leisure Time	4		
Interpersonal Relationships < Coping Skills	1		
Play and Leisure Time > Coping Skills	3		
<b>Motor Skills</b>			
Gross Motor Skills > Fine Motor Skills	10		

NS = Not Scored

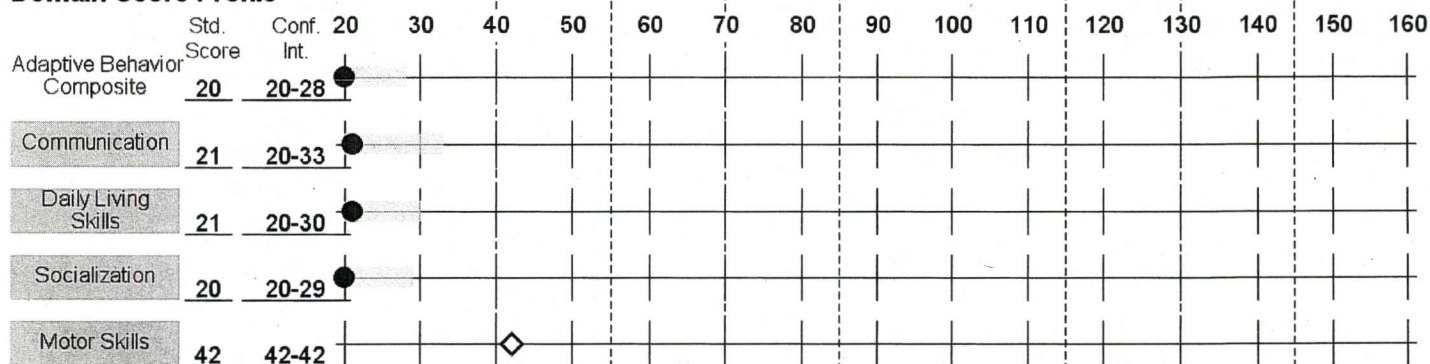
\* = Bonferroni-adjusted level for multiple comparisons

## Score Profile

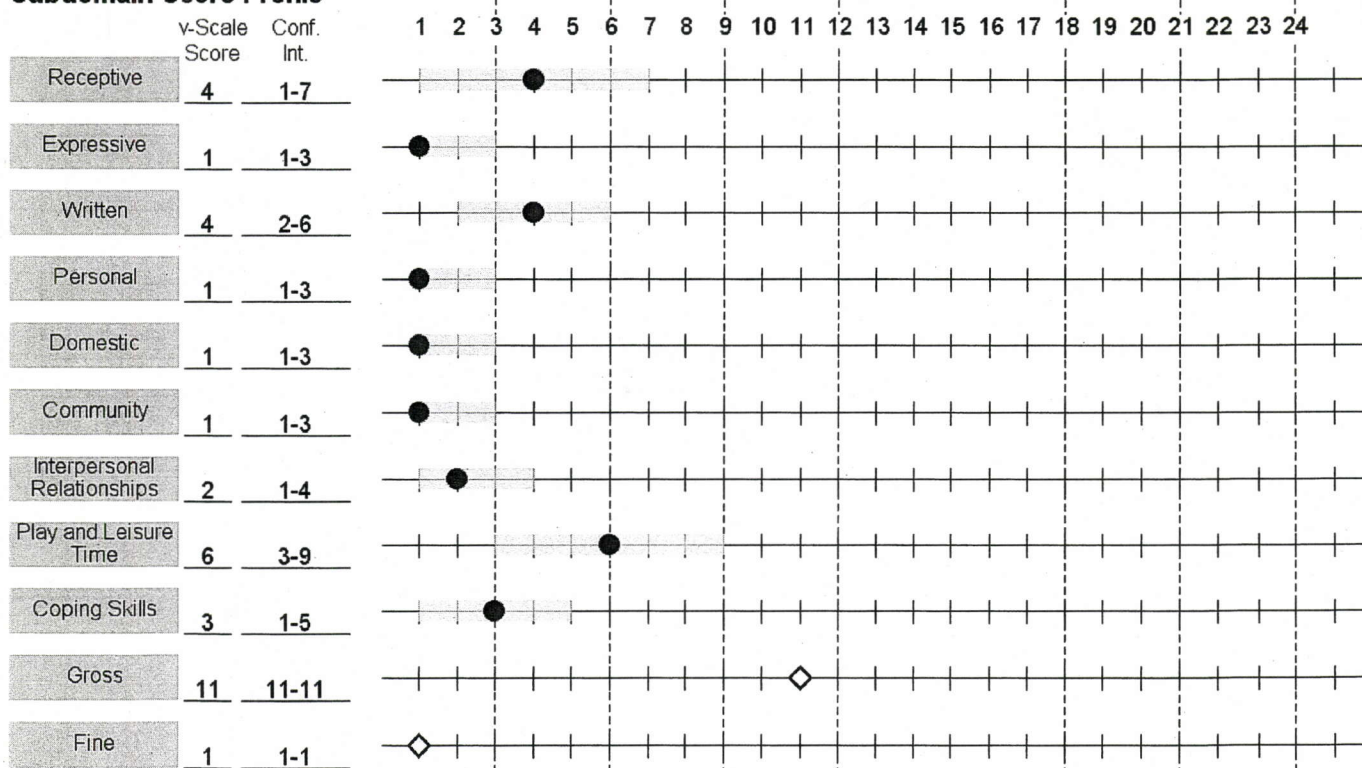
95 % Confidence Level

-5SD -4SD -3SD -2SD -1SD +1SD +2SD +3SD +4SD

## Domain Score Profile



## Subdomain Score Profile



○ = Prorated

◇ = Estimated

□ = Prorated and Estimated



## Narrative Report

The *Vineland Adaptive Behavior Scales, Second Edition* (Vineland-II) measures the personal and social skills of individuals from birth through adulthood. Because adaptive behavior refers to an individual's typical performance of the day-to-day activities required for personal and social sufficiency, these scales assess what a person actually does, rather than what he or she is able to do. The Vineland-II assesses adaptive behavior in four domains: Communication, Daily Living Skills, Socialization, and Motor Skills. It also provides a composite score that summarizes the individual's performance across all four domains.

JOHN DOE was age 37:3 on the interview date of June 1, 2018. The respondent was Fred Smith. Fred was administered the Vineland-II Survey Interview Form by SAM MORGENROTH.

JOHN was previously classified with Intellectual Disability.

JOHN's Adaptive Behavior Composite standard score of 20 summarizes his overall level of adaptive functioning. The 95 percent confidence level shows that JOHN's true Adaptive Behavior Composite is likely to be within the range of 20 to 28 (confidence interval of  $\pm 8$ ). JOHN's Adaptive Behavior Composite classifies his general adaptive functioning as low; he scores higher than only less than 1% of similarly aged individuals in the Vineland-II norm sample.

JOHN's level of adaptive functioning within the Communication domain is low for his age group. His standard score of 21 results in a confidence interval of  $\pm 12$  (20 to 33) at the 95 percent confidence level. His percentile rank is less than 1. Thus, his score in this area is higher than or equal to only less than 1 percent of his peers in the normative sample. He had an adaptive level of low for all three subdomains (Receptive, Expressive, and Written). JOHN's age equivalents for the Communication subdomains are 3:7 for the Receptive subdomain, 2:10 for the Expressive subdomain, and 5:11 for the Written subdomain.

Comparison of the Communication subdomain v-scores can provide insight into an individual's relative abilities. In JOHN's case, the differences between subdomains were not significant or unusual in the frequencies at which they occur in the general-population norm sample. His Expressive skills represent a weakness compared to his other Communication skills.

JOHN's standard score for the Daily Living Skills domain is 21 which results in a confidence interval of  $\pm 9$  (20 to 30) at the 95 percent confidence level. This score represents a low level of adaptive functioning in this area for an individual of his age. His percentile rank for the Daily Living Skills domain is less than 1. He had an adaptive level of low for all three subdomains (Personal, Domestic, and Community). JOHN's age equivalents for the Daily Living Skills subdomains are 3:2 for the Personal subdomain, 2:8 for the Domestic subdomain, and 3:2 for the Community subdomain.

Comparison of the Daily Living Skills subdomain v-scores reveal that in JOHN's case, the differences between subdomains were not significant or unusual in the frequencies at which they occur in the general-population norm sample.

JOHN's level of adaptive functioning within the Socialization domain is low for his age group. His standard score is 20 which results in a confidence interval of  $\pm 9$  (20 to 29) at the 95 percent confidence level. His



percentile rank is less than 1. A look at the subdomain scores within the Socialization domain indicates that JOHN's adaptive level is low for all three subdomains (Interpersonal Relationships, Play and Leisure Time, and Coping Skills). JOHN's age equivalents for the Socialization subdomains are 3:7 for the Interpersonal Relationships subdomain, 4:7 for the Play and Leisure Time subdomain, and 2:5 for the Coping Skills subdomain.

A comparison of JOHN's Socialization subdomain v-scores indicates that the differences between subdomains were not significant or unusual in the frequencies at which they occur in the general-population norm sample. Relative to the other Socialization subdomains, JOHN's Play and Leisure Time skills represent a strength.

All of the domain standard scores are approximately the same-none is significantly higher or lower than the median domain score. Therefore, none of the domains represents a relative strength or weakness compared to JOHN's scores on the other domains.

Comparison of Vineland-II domain standard scores also can provide further insight into an individual's relative abilities. In JOHN's case, the differences between each domain and every other domain were not significant or unusual in the frequencies at which they occur in the general-population norm sample.

JOHN's maladaptive behavior was also assessed and is found to be at the clinically significant level compared to the national Vineland-II norm group. His tendencies toward both internalization and externalization of emotional distress are at the clinically significant level.

#### MR Classification

A determination of whether JOHN meets the criteria for mental retardation according to professional guidelines (AAMR expert consensus, DSM-IV, and APA Division 33) cannot be made because no IQ score has been reported.

#### Supplemental Security Income (SSI) Eligibility

The Vineland-II ASSIST software may help determine if clients one year or older meet some of the Supplemental Security Income (SSI) eligibility requirements for a determination of disability due to mental retardation on the basis of the current, nonprorated Vineland-II findings and intelligence test results provided by the examiner. The only eligibility requirements that are considered by the ASSIST program are those from Section 12.05 (Mental Retardation) of the January 2003 edition of the Disability Under Social Security document. Individuals may qualify for SSI benefits on the basis of other criteria in Section 12.05 that are not considered by the ASSIST program, or on the basis of criteria for other mental or physical conditions. In order for the ASSIST program to maximize the eligibility possibilities, the client must have been tested with an IQ test sometime after his 16th birthday. A determination regarding the likelihood of JOHN's eligibility for SSI benefits cannot be made in the absence of a current IQ score.

**Maladaptive Behavior Critical Items**

1. Engages in inappropriate sexual behavior (for example, exposes self, masturbates in public, makes improper sexual advances, etc.). (0 -)
2. Is obsessed with objects or activities (for example, constantly repeats words or phrases, is preoccupied with mechanical objects, etc.). (2 M)
3. Expresses thoughts that do not make sense (for example, talks about hearing voices, seems delusional, etc.). (1 M)
4. Has strange habits or ways (for example, makes repetitive noises, odd hand movements, etc.). (1 M)
5. Consistently prefers objects to people (for example, pays more attention to objects than to people, etc.). (1 M)
6. Displays behaviors that cause injury to self (for example, bangs head, hits or bites self, tears at skin, etc.). (2 S)
7. Destroys own or another's possessions on purpose. (1 M)
8. Uses bizarre speech (for example, has conversations with self in public, speaks in phrases or sentences that have no meaning, repeats same word or phrase over and over, etc.). (1 M)
9. Is unaware of what is happening around him or her (for example, seems to be in a "fog," stares blankly, etc.). (0 -)
10. Rocks back and forth repeatedly. (1 M)
11. Is unusually fearful of ordinary sounds, objects, or situations. (1 M)
12. Remembers odd information in detail years later. (0 -)
13. Is unable to complete a normal school or work day because of chronic pain or fatigue. (0 -)
14. Is unable to complete a normal school or work day because of psychological symptoms. (2 M)

*M = moderate*

*S = severe*

*"-" = missing*



## Subdomain Item Raw Score Summary

Communication			Daily Living Skills			Socialization			Motor Skills	
Rec	Exp	Wtn	Per	Dom	Com	Int	P and L	Cop	Gross	Fine
1.2	1.2	1.2	1.2	1.1	1.1	1.2	1.2	1.1	1.2	1.2
2.2	2.2	2.2	2.2	2.1	2.2	2.2	2.2	2.1	2.2	2.2
3.2	3.2	3.1	3.2	3.1	3.2	3.2	3.2	3.1	3.2	3.2
4.2	4.2	4.1	4.2	4.1	4.1	4.2	4.2	4.1	4.2	4.2
5.2	5.2	5.2	5.2	5.1	5.1	5.2	5.2	5.1	5.2	5.2
6.2	6.2	6.1	6.2	6.0	6.0	6.2	6.2	6.1	6.2	6.2
7.2	7.2	7.1	7.2	7.1	7.1	7.2	7.2	7.1	7.2	7.2
8.2	8.2	8.1	8.2	8.1	8.0	8.2	8.2	8.1	8.2	8.2
9.2	9.2	9.1	9.2	9.0	9.1	9.2	9.2	9.1	9.2	9.2
10.2	10.2	10.1	10.2	10.0	10.1	10.2	10.2	10.1	10.2	10.2
11.2	11.2	11.1	11.1	11.0	11.0	11.2	11.2	11.1	11.2	11.2
12.2	12.2	12.1	12.1	12.0	12.0	12.2	12.2	12.0	12.2	12.1
13.2	13.2	13.1	13.2	13.0	13.0	13.2	13.2	13.1	13.2	13.1
14.1	14.2	14.1	14.1	14.0	14.1	14.2	14.2	14.1	14.2	14.2
15.0	15.2	15.1	15.2	15.0	15.1	15.2	15.1	15.0	15.2	15.1
16.1	16.2	16.0	16.2	16.0	16.0	16.1	16.1	16.0	16.2	16.1
17.1	17.2	17.1	17.1	17.0	17.0	17.1	17.1	17.0	17.2	17.1
18.0	18.2	18.0	18.1	18.0	18.0	18.2	18.1	18.0	18.2	18.1
19.1	19.2	19.0	19.1	19.0	19.0	19.2	19.1	19.0	19.2	19.1
20.0	20.2	20.0	20.1	20.0	20.0	20.2	20.1	20.0	20.2	20.1
	21.2	21.0	21.1	21.0	21.0	21.1	21.1	21. - (0)	21.2	21.1
	22.2	22.0	22.2	22.0	22.0	22.2	22.1	22. - (0)	22.2	22.1
	23.2	23.0	23.1	23.0	23. - (0)	23.1	23.0	23. - (0)	23.1 (2)	23.1
	24.2	24.0	24.1	24.0	24. - (0)	24.1	24.1	24. - (0)	24.2	24.0
	25.2	25.0	25.1		25. - (0)	25.1	25.1	25. - (0)	25.2	25.0
	26.1		26.1		26. - (0)	26.0	26.0	26. - (0)	26.2	26.0
	27.1		27.0		27. - (0)	27.1	27.0	27. - (0)	27.2	27.1
	28.1		28.1		28. - (0)	28.0	28.0	28. - (0)	28.2	28.0
	29.2		29.1		29. - (0)	29.1	29.0	29. - (0)	29. N (1)	29.0
	30.1		30.0		30. - (0)	30.0	30.0	30. - (0)	30.2	30.1
	31.1		31.0		31. - (0)	31.0	31.0		31.1	31.0
	32.1		32.1		32. - (0)	32.0			32.1	32.1
	33.1		33.0		33. - (0)	33.0			33.2	33.0
	34.1		34.1		34. - (0)	34.0			34.1	34.1
	35.0		35.0		35. - (0)	35.0			35.2	35.1
	36.1		36.0		36. - (0)	36.0			36.1	36.0
	37.1		37.0		37. - (0)	37.0			37.1	
	38.0		38.0		38. - (0)	38.0			38.1	
	39.0		39.0		39. - (0)				39.1	
	40.1		40.0		40. - (0)				40.1	
	41.0		41.0		41. - (0)					
	42.0				42. - (0)					
	43.0				43. - (0)					
	44.0				44. - (0)					
	45. - (0)									
	46. - (0)									
	47. - (0)									
	48. - (0)									
	49. - (0)									
	50. - (0)									
	51. - (0)									
	52. - (0)									
	53. - (0)									
	54. - (0)									

"- " = missing, D = don't know, N = no opportunity



## Cluster Sums

	Communication			Daily Living Skills			Socialization			Motor Skills	
Cluster	Recept	Expres	Writ	Pers	Dom	Comm	Inter	Play	Coping	Gross	Fine
A	0	0	0	0	0	0	0	0	0	0	0
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											

**Key:** **Recept** - Receptive, **Expres** - Expressive, **Writ** - Written, **Pers** - Personal, **Dom** - Domestic  
**Comm** - Community, **Inter** - Interpersonal Relationships, **Play** - Play and Leisure Time  
**Coping** - Coping Skills, **Gross** - Gross Motor Skills, **Fine** - Fine Motor Skills

**Maladaptive Item Raw Score Summary**

Maladaptive Behavior Index			Maladaptive Behavior Critical Items
Internalizing	Externalizing	Other	
1. 1	1. 2	1. 0	1. 0 -
2. 1	2. 2	2. 0	2. 2 M
3. 1	3. 1	3. 1	3. 1 M
4. 1	4. 1	4. 1	4. 1 M
5. 0	5. 1	5. 1	5. 1 M
6. 1	6. 1	6. 0	6. 2 S
7. 2	7. 2	7. 2	7. 1 M
8. 1	8. 1	8. 1	8. 1 M
9. 0	9. 2	9. 1	9. 0 -
10. 1	10. 2	10. 2	10. 1 M
11. 0		11. 0	11. 1 M
		12. 0	12. 0 -
		13. 1	13. 0 -
		14. 0	14. 2 M
		15. 0	

*M = moderate**S = severe**"-" = missing*

### Parent/Caregiver Letter

The *Vineland Adaptive Behavior Scales, Second Edition* (also referred to as the Vineland-II) measures an individual's adaptive behaviors. Adaptive behaviors are those day-to-day activities that are necessary for individuals to get along with others and take care of themselves. These activities change as a person grows older and becomes less dependent on the help of others. But at every age, certain skills are required in the home, school, and community.

Learning about an individual's adaptive behavior helps us to gain a total picture of that individual. When adaptive behavior information is combined with information about an individual's intelligence, school achievement, and physical health, plans can be made to address any special needs that person may have at home or in school.

In order to determine the level of an individual's adaptive behavior, someone who is familiar with that individual, such as a parent or caregiver, is asked to describe his activities. Those activities are then compared to those of other people the same age to determine which areas are average, above average, or in need of special help.

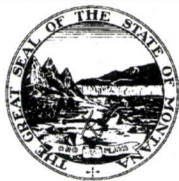
JOHN's percentile ranks are reported for Communication, Daily Living, Social Skills and Relationships and the Adaptive Behavior Composite. The scores indicate how JOHN's adaptive behavior compares with a group of typical individuals from across the United States the same age as JOHN. A percentile rank indicates the percentage of individuals who had scores lower than JOHN's score. For example, JOHN's percentile rank of less than 1 on the Adaptive Behavior Composite tells you that only less than 1 percent of the people JOHN's age in the norm group had lower scores than JOHN. This score indicates a lower level of performance overall relative to individuals in the norm group.

More specific areas of adaptive behavior within each of the areas assessed are also reported. For each of these specific areas JOHN's score is rated high, above average, average, below average, or low. JOHN's abilities in the Communication domain were low for Hearing and Understanding, low for Talking, and low for Reading and Writing. In the Daily Living domain, JOHN's abilities in the Caring for Self subdomain were low, in Caring for Home they were low, and in Living in the Community they were low. JOHN's abilities in the Social Skills and Relationships domain were low for Relating to Others, low for Playing and Using Leisure Time, and low for Adapting.

The Vineland-II also measures problem behaviors, which are defined as behaviors that are considered undesirable. These behaviors are defined as nonsignificant, intermediate, or significant. JOHN's level on the index that assesses minor problem behaviors was significant.

Sincerely,





AN ACT REQUIRING MONITORING OF MONTANA DEVELOPMENTAL CENTER RESIDENTS, INCLUDING THOSE WHO HAVE TRANSITIONED OUT OF THE FACILITY AS REQUIRED UNDER SENATE BILL NO. 411 OF 2015; PROVIDING RULEMAKING AUTHORITY; AMENDING SECTION 53-20-203, MCA; AND PROVIDING AN APPLICABILITY DATE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

**Section 1. Legislative findings -- purpose.** (1) The legislature finds that the Montana developmental center has served as a placement of last resort for seriously developmentally disabled individuals, many of whom have co-occurring mental health conditions.

(2) The legislature further finds that as the department has been carrying out the process of closing the Montana developmental center pursuant to Chapter 444, Laws of 2015, family members of Montana developmental center residents, community service providers, and community members have expressed concern that community facilities may not be equipped to provide appropriate care and treatment for some of the residents.

(3) The legislature further finds that family members have expressed concern that their developmentally disabled relatives may not maintain the progress they have made in treatment at the Montana developmental center as they move to new and unfamiliar settings.

(4) It is the intent of the legislature that the department monitor the skills, abilities, and behaviors of Montana developmental center residents while they are in the care and custody of the state and as they transition to the community in order to ensure that the individuals remain safe, maintain or improve their skills and abilities, and find a home that provides the most appropriate services in the least restrictive setting possible.

**Section 2. Department monitoring of Montana developmental center residents -- report to legislature.** (1) The department shall monitor:

(a) individuals released from the Montana developmental center and placed in a community home as

defined in 53-20-302 for 2 years after placement in a community home; and

(b) for the duration of their residency, individuals who are admitted to and residing at the Montana developmental center.

(2) The department shall evaluate on a quarterly basis behaviors in the following areas to determine whether the skills, abilities, and behaviors of an individual subject to this section have improved, diminished, or remained unchanged:

- (a) verbal or nonverbal communication, as appropriate for the individual;
- (b) activities of daily living;
- (d) emotional well-being;
- (e) physical aggression; and
- (f) sexually inappropriate behaviors.

(3) The department shall report on the results of the monitoring:

(a) at least quarterly to family members and guardians of the individuals if the family members and guardians are authorized to receive health care information; and

(b) annually to the children, families, health, and human services interim committee. The report to the interim committee may provide information only in an aggregate form and may not contain any individually identifying information.

**Section 3.** Section 53-20-203, MCA, is amended to read:

**"53-20-203. Responsibilities of department.** The department shall:

(1) take cognizance of matters affecting the citizens of the state who are persons with developmental disabilities;

(2) initiate a preventive developmental disabilities program that must include but not be limited to the implementation of developmental disabilities care, treatment, prevention, and research as can best be accomplished by community-centered services. Every means must be used to initiate and operate the service program in cooperation with local agencies under the provisions of 53-20-205.

(3) collect and disseminate information relating to developmental disabilities;

(4) prepare an annual comprehensive plan for the initiation and maintenance of developmental disabilities services in the state. The services must include but not be limited to community comprehensive developmental disabilities services as referred to in 53-20-202.

(5) provide by rule for the evaluation of;

(a) persons who apply for services or;  
(b) persons admitted into a program at a developmental disability facility; and  
(c) persons residing at or released from the Montana developmental center into a community home, in  
accordance with the requirements established in [section 2];

(6) receive from agencies of the government of the United States and other agencies, persons or groups of persons, associations, firms, or corporations grants of money, receipts from fees, gifts, supplies, materials, and contributions to initiate and maintain developmental disabilities services within the state;

(7) require that habilitation plans be developed, implemented, and continuously maintained for all persons with developmental disabilities who are served through a community-based program funded by the state; and

(8) use funds available for cases in which special medical or material assistance is necessary to rehabilitate children with developmental disabilities or children with physical disabilities if the assistance is not otherwise provided for by law."

**Section 4. Codification instruction.** [Sections 1 and 2] are intended to be codified as an integral part of Title 53, chapter 20, part 2, and the provisions of Title 53, chapter 20, part 2, apply to [sections 1 and 2].

**Section 5. Applicability.** (1) [This act] applies to individuals who are admitted into or residing at the Montana developmental center on or after October 1, 2017, or were released from the Montana developmental center on or after May 6, 2015, and placed in a community home as defined in 53-20-302.

(2) The 2-year time period for monitoring of individuals released from the Montana developmental center into a community home begins:

(a) on October 1, 2017, for individuals who were released from the Montana developmental center on or before October 1, 2017; and

(b) for individuals released after October 1, 2017, on the date of an individual's release from the Montana developmental center.

- END -



I hereby certify that the within bill,  
HB 0458, originated in the House.

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Speaker of the House

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2017.

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Chief Clerk of the House

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President of the Senate

Signed this \_\_\_\_\_ day  
of \_\_\_\_\_, 2017.